
	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM Our first care is your health care		
Rate Codes - Radiology			
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PROC	DESCRIPTION	RATE2002	EFFDATE
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$235.23	1-Apr-02
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.80	1-Apr-02
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$26.06	1-Apr-02
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$30.55	1-Apr-02
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$38.12	1-Apr-02
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$34.34	1-Apr-02
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$49.45	1-Apr-02
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$47.58	1-Apr-02
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$35.10	1-Apr-02
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$45.29	1-Apr-02
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$30.17	1-Apr-02
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$53.96	1-Apr-02
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$35.86	1-Apr-02
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$46.42	1-Apr-02
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$33.96	1-Apr-02
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$44.91	1-Apr-02
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$27.20	1-Apr-02
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$37.74	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT	\$53.62	1-Apr-02
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$16.31	1-Apr-02
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$25.68	1-Apr-02
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$43.39	1-Apr-02
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATER	\$29.43	1-Apr-02
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERA	\$46.76	1-Apr-02
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$112.35	1-Apr-02
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$519.96	1-Apr-02
70350	CEPHALOGRAM, ORTHODONTIC	\$24.57	1-Apr-02
70355	ORTHOPANTOGRAM	\$33.98	1-Apr-02
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$26.06	1-Apr-02
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFIC	\$68.59	1-Apr-02
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$128.75	1-Apr-02
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$95.06	1-Apr-02
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$35.83	1-Apr-02
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$91.28	1-Apr-02
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$232.44	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$284.08	1-Apr-02
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWE	\$347.32	1-Apr-02
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$255.64	1-Apr-02
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$297.39	1-Apr-02
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	\$356.78	1-Apr-02
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$248.01	1-Apr-02
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$293.23	1-Apr-02
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FO	\$355.26	1-Apr-02
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$255.64	1-Apr-02
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$297.39	1-Apr-02
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO	\$356.78	1-Apr-02
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$377.90	1-Apr-02
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$377.90	1-Apr-02
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT CONTRAST	\$497.85	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST MA	\$584.63	1-Apr-02
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT CONTRAST	\$1,046.47	1-Apr-02
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$501.48	1-Apr-02
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$501.48	1-Apr-02
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$946.92	1-Apr-02
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$501.48	1-Apr-02
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$501.48	1-Apr-02
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$946.92	1-Apr-02
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT C	\$522.20	1-Apr-02
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONT	\$625.67	1-Apr-02
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT C	\$1,107.84	1-Apr-02
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$28.68	1-Apr-02
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$32.43	1-Apr-02
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$36.61	1-Apr-02
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDO	\$44.17	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJ	\$46.51	1-Apr-02
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$52.15	1-Apr-02
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$47.93	1-Apr-02
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$82.63	1-Apr-02
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDI	\$30.55	1-Apr-02
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$89.87	1-Apr-02
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$127.55	1-Apr-02
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND I	\$97.37	1-Apr-02
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$35.12	1-Apr-02
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIM	\$41.12	1-Apr-02
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$46.04	1-Apr-02
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMU	\$52.48	1-Apr-02
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$36.60	1-Apr-02
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$39.97	1-Apr-02
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$295.36	1-Apr-02



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71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$345.37	1-Apr-02
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CO	\$422.47	1-Apr-02
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$407.33	1-Apr-02
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$503.47	1-Apr-02
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$592.51	1-Apr-02
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$1,046.31	1-Apr-02
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CO	\$538.92	1-Apr-02
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$65.77	1-Apr-02
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$24.93	1-Apr-02
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$36.24	1-Apr-02
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$52.54	1-Apr-02
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION	\$64.14	1-Apr-02
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$32.13	1-Apr-02
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$37.73	1-Apr-02
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$41.53	1-Apr-02
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$48.31	1-Apr-02



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72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$38.92	1-Apr-02
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDI	\$41.94	1-Apr-02
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$38.92	1-Apr-02
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$53.29	1-Apr-02
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$66.82	1-Apr-02
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR	\$48.00	1-Apr-02
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$295.36	1-Apr-02
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$344.23	1-Apr-02
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	\$416.80	1-Apr-02
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$295.36	1-Apr-02
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$344.23	1-Apr-02
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	\$416.80	1-Apr-02
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$295.36	1-Apr-02
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$344.67	1-Apr-02
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED	\$417.17	1-Apr-02





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72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WI	\$528.25	1-Apr-02
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WI	\$633.67	1-Apr-02
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WI	\$576.27	1-Apr-02
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WI	\$633.30	1-Apr-02
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH	\$570.21	1-Apr-02
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH	\$626.48	1-Apr-02
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$1,119.25	1-Apr-02
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$1,119.25	1-Apr-02
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$1,108.28	1-Apr-02
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTR	\$524.99	1-Apr-02
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$30.17	1-Apr-02
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$38.10	1-Apr-02
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$394.27	1-Apr-02
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$291.58	1-Apr-02

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72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$332.19	1-Apr-02
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CO	\$399.78	1-Apr-02
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$495.64	1-Apr-02
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$578.71	1-Apr-02
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), F	\$1,055.99	1-Apr-02
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$484.12	1-Apr-02
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$30.17	1-Apr-02
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$35.10	1-Apr-02
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$32.47	1-Apr-02
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$236.22	1-Apr-02
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$218.86	1-Apr-02
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$205.00	1-Apr-02
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$312.10	1-Apr-02
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$125.05	1-Apr-02
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$391.22	1-Apr-02
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$353.72	1-Apr-02




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73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$29.79	1-Apr-02
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$30.17	1-Apr-02
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$27.17	1-Apr-02
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$32.85	1-Apr-02
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INT	\$112.42	1-Apr-02
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEI	\$37.78	1-Apr-02
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$32.47	1-Apr-02
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$29.03	1-Apr-02
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$32.47	1-Apr-02
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERP	\$112.79	1-Apr-02
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$29.79	1-Apr-02
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$28.67	1-Apr-02
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$29.11	1-Apr-02
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$30.54	1-Apr-02
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERP	\$92.89	1-Apr-02
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$28.67	1-Apr-02
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$30.54	1-Apr-02




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73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$24.17	1-Apr-02
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$254.32	1-Apr-02
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$295.36	1-Apr-02
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	\$358.92	1-Apr-02
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$354.73	1-Apr-02
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$487.39	1-Apr-02
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$585.01	1-Apr-02
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$924.87	1-Apr-02
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT C	\$492.61	1-Apr-02
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONT	\$584.63	1-Apr-02
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT C	\$1,046.47	1-Apr-02
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERI	\$479.27	1-Apr-02
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$28.30	1-Apr-02
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$35.18	1-Apr-02
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLU	\$40.81	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	\$112.42	1-Apr-02
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$36.22	1-Apr-02
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$34.42	1-Apr-02
73542	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISIO	\$113.58	1-Apr-02
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$32.47	1-Apr-02
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$30.61	1-Apr-02
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$33.66	1-Apr-02
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$37.05	1-Apr-02
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$29.49	1-Apr-02
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPR	\$133.07	1-Apr-02
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$30.17	1-Apr-02
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$28.67	1-Apr-02
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$28.67	1-Apr-02
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$30.54	1-Apr-02
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERP	\$112.79	1-Apr-02
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$28.67	1-Apr-02
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$30.54	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$27.92	1-Apr-02
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$24.17	1-Apr-02
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$254.32	1-Apr-02
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$295.36	1-Apr-02
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	\$358.10	1-Apr-02
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$354.73	1-Apr-02
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHO	\$487.39	1-Apr-02
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$584.63	1-Apr-02
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHO	\$924.87	1-Apr-02
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT C	\$492.61	1-Apr-02
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONT	\$585.01	1-Apr-02
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT C	\$1,046.47	1-Apr-02
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERI	\$538.93	1-Apr-02
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$30.55	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE	\$35.50	1-Apr-02
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEW	\$39.26	1-Apr-02
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE	\$46.45	1-Apr-02
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$287.11	1-Apr-02
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$338.30	1-Apr-02
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY C	\$409.67	1-Apr-02
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWE	\$394.27	1-Apr-02
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$503.47	1-Apr-02
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$592.51	1-Apr-02
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$1,055.99	1-Apr-02
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$538.54	1-Apr-02
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION	\$76.61	1-Apr-02
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$66.38	1-Apr-02
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$71.68	1-Apr-02
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$80.37	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGIC	\$168.00	1-Apr-02
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED F	\$95.54	1-Apr-02
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED F	\$96.66	1-Apr-02
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE, INC	\$143.41	1-Apr-02
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPEC	\$102.70	1-Apr-02
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPEC	\$105.00	1-Apr-02
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPEC	\$151.31	1-Apr-02
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$77.35	1-Apr-02
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROC	\$88.02	1-Apr-02
74260	DUODENOGRAPHY, HYPOTONIC	\$86.39	1-Apr-02
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	\$105.38	1-Apr-02
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, W	\$142.35	1-Apr-02
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER IN	\$211.76	1-Apr-02
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$46.45	1-Apr-02
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DA	\$27.58	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION	\$18.58	1-Apr-02
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGI	\$11.29	1-Apr-02
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL	\$54.42	1-Apr-02
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERP	\$153.28	1-Apr-02
74327	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASK	\$108.37	1-Apr-02
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISIO	\$162.42	1-Apr-02
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVI	\$162.42	1-Apr-02
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS	\$172.33	1-Apr-02
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIP	\$132.63	1-Apr-02
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPR	\$165.44	1-Apr-02
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERP	\$144.80	1-Apr-02
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLO	\$153.28	1-Apr-02
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLA	\$288.07	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$93.60	1-Apr-02
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$103.67	1-Apr-02
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPH	\$110.08	1-Apr-02
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$123.18	1-Apr-02
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUP	\$71.30	1-Apr-02
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.26	1-Apr-02
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INT	\$64.90	1-Apr-02
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$106.32	1-Apr-02
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$76.19	1-Apr-02
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$81.11	1-Apr-02
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSUMBILIC, CONTRAST VISUALIZATION, R	\$78.52	1-Apr-02
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	\$189.36	1-Apr-02
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	\$189.36	1-Apr-02
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTER	\$153.72	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$60.40	1-Apr-02
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.43	1-Apr-02
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$91.76	1-Apr-02
75552	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL	\$528.25	1-Apr-02
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL	\$548.45	1-Apr-02
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COM	\$541.10	1-Apr-02
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIM	\$536.94	1-Apr-02
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$522.97	1-Apr-02
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETA	\$558.34	1-Apr-02
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRET	\$557.22	1-Apr-02
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$613.30	1-Apr-02
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$430.95	1-Apr-02
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SU	\$576.63	1-Apr-02
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$568.60	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION A	\$567.48	1-Apr-02
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AN	\$587.64	1-Apr-02
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPR	\$567.55	1-Apr-02
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRE	\$586.14	1-Apr-02
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPR	\$567.55	1-Apr-02
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRE	\$586.14	1-Apr-02
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION	\$566.73	1-Apr-02
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$614.70	1-Apr-02
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$558.03	1-Apr-02
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$566.73	1-Apr-02
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGI	\$558.34	1-Apr-02
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGIC	\$578.36	1-Apr-02
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTO	\$557.22	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERP	\$557.22	1-Apr-02
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPR	\$567.11	1-Apr-02
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND I	\$557.22	1-Apr-02
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTE	\$566.73	1-Apr-02
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTER	\$585.33	1-Apr-02
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGIC	\$557.22	1-Apr-02
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$559.01	1-Apr-02
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$515.42	1-Apr-02
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISIO	\$154.23	1-Apr-02
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$258.05	1-Apr-02
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERP	\$276.59	1-Apr-02
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INT	\$284.66	1-Apr-02
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTE	\$303.64	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (\$56.70	1-Apr-02
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$557.66	1-Apr-02
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$76.02	1-Apr-02
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$116.46	1-Apr-02
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND IN	\$557.66	1-Apr-02
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND IN	\$557.22	1-Apr-02
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRET	\$557.22	1-Apr-02
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETA	\$576.63	1-Apr-02
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPR	\$558.10	1-Apr-02
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRE	\$576.26	1-Apr-02
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$558.40	1-Apr-02
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$558.03	1-Apr-02
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$557.22	1-Apr-02
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$76.02	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$573.54	1-Apr-02
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGIC	\$573.54	1-Apr-02
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SU	\$557.22	1-Apr-02
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$557.22	1-Apr-02
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYRO	\$524.50	1-Apr-02
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$1,021.19	1-Apr-02
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONAR	\$897.46	1-Apr-02
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$131.81	1-Apr-02
75900	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY WI	\$852.28	1-Apr-02
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$524.94	1-Apr-02
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) RADIOLOGICAL SUPERVISION INIT VES	\$202.51	1-Apr-02
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INT	\$113.51	1-Apr-02
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION. RADIO	\$241.71	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$101.78	1-Apr-02
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$631.07	1-Apr-02
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$644.49	1-Apr-02
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AN	\$649.41	1-Apr-02
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICA	\$349.71	1-Apr-02
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL S	\$691.95	1-Apr-02
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$349.64	1-Apr-02
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$499.58	1-Apr-02
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL	\$650.84	1-Apr-02
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICA	\$291.40	1-Apr-02
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL B	\$318.46	1-Apr-02
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$116.22	1-Apr-02
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTI	\$188.65	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERP	\$649.35	1-Apr-02
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERV	\$350.02	1-Apr-02
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$691.95	1-Apr-02
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$690.46	1-Apr-02
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVIS	\$349.64	1-Apr-02
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 7102	\$60.65	1-Apr-02
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSI	\$140.25	1-Apr-02
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$80.82	1-Apr-02
76005	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$82.36	1-Apr-02
76006	RADIOLOGIC EXAMINATION, STRESS VIEW(S), ANY JOINT, STRESS APPLIED BY A PHYSICIAN	\$24.44	1-Apr-02
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$30.55	1-Apr-02
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VE	\$78.21	1-Apr-02
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VE	\$92.99	1-Apr-02
76020	BONE AGE STUDIES	\$31.30	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$46.92	1-Apr-02
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$64.21	1-Apr-02
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$86.42	1-Apr-02
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	\$44.55	1-Apr-02
76066	JOINT SURVEY, SINGLE VIEW, TWO OR MORE JOINTS (SPECIFY)	\$60.75	1-Apr-02
76070	COMPUTERIZED AXIAL TOMOGRAPHY BONE DENSITY STUDY, ONE OR MORE SITES	\$121.21	1-Apr-02
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$138.12	1-Apr-02
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$42.27	1-Apr-02
76078	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), ONE OR MORE	\$41.51	1-Apr-02
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPE	\$70.99	1-Apr-02
76085	DIGITIZATION OF FILM RADIOGRAPHIC IMAGES WITH COMPUTER ANALYSIS FOR LESION DETEC	\$17.48	1-Apr-02
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$123.18	1-Apr-02
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$169.02	1-Apr-02
76090	MAMMOGRAPHY; UNILATERAL	\$72.20	1-Apr-02
76091	MAMMOGRAPHY; BILATERAL	\$88.02	1-Apr-02
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)	\$63.34	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$781.50	1-Apr-02
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$1,028.75	1-Apr-02
76095	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG, FO	\$369.39	1-Apr-02
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION OR	\$82.33	1-Apr-02
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$25.68	1-Apr-02
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN W	\$81.22	1-Apr-02
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MA	\$88.38	1-Apr-02
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MA	\$100.82	1-Apr-02
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$62.67	1-Apr-02
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARAT	\$46.04	1-Apr-02
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$27.30	1-Apr-02
76150	XERORADIOGRAPHY	\$16.55	1-Apr-02
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$16.38	1-Apr-02
76355	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$390.44	1-Apr-02
76360	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVIS	\$386.98	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
76362	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$526.55	1-Apr-02
76370	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	\$162.53	1-Apr-02
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONS	\$148.53	1-Apr-02
76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$191.10	1-Apr-02
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$517.97	1-Apr-02
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$514.86	1-Apr-02
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$639.87	1-Apr-02
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$528.25	1-Apr-02
76490	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$161.85	1-Apr-02
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	BR	1-Apr-02
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCAL	\$91.77	1-Apr-02
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANT	\$103.80	1-Apr-02
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT S	\$98.81	1-Apr-02
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMME	\$110.75	1-Apr-02
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$76.21	1-Apr-02
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWE	\$80.31	1-Apr-02





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PROC	DESCRIPTION	RATE2002	EFFDATE
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$97.93	1-Apr-02
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B	\$86.80	1-Apr-02
76604	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOC	\$81.51	1-Apr-02
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IM	\$71.43	1-Apr-02
76700	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLET	\$122.32	1-Apr-02
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	\$88.76	1-Apr-02
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME W	\$118.10	1-Apr-02
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME W	\$88.38	1-Apr-02
76778	ULTRASOUND, TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATIO	\$118.10	1-Apr-02
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$115.33	1-Apr-02
76805	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; C	\$136.69	1-Apr-02
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; C	\$272.42	1-Apr-02
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; L	\$91.72	1-Apr-02
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; F	\$75.11	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$111.10	1-Apr-02
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$97.43	1-Apr-02
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATI	\$164.48	1-Apr-02
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATI	\$76.42	1-Apr-02
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$104.55	1-Apr-02
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$75.61	1-Apr-02
76830	ULTRASOUND, TRANSVAGINAL	\$98.60	1-Apr-02
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	\$99.67	1-Apr-02
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTAT	\$98.60	1-Apr-02
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTAT	\$62.29	1-Apr-02
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$95.57	1-Apr-02
76872	ECHOGRAPHY, TRANSRECTAL	\$98.66	1-Apr-02
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANN	\$165.54	1-Apr-02
76880	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENT	\$88.76	1-Apr-02
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	\$100.50	1-Apr-02
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (\$90.27	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$98.14	1-Apr-02
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRET	\$98.14	1-Apr-02
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOU	\$361.03	1-Apr-02
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING	\$134.27	1-Apr-02
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOC	\$97.53	1-Apr-02
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND INTER	\$100.38	1-Apr-02
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$81.08	1-Apr-02
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$83.09	1-Apr-02
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$300.34	1-Apr-02
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$63.80	1-Apr-02
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$104.28	1-Apr-02
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$57.44	1-Apr-02
76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$169.63	1-Apr-02
76999	UNLISTED ULTRASOUND PROCEDURE	BR	1-Apr-02
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$77.13	1-Apr-02
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$116.65	1-Apr-02
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$173.25	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$175.17	1-Apr-02
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$275.75	1-Apr-02
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$340.68	1-Apr-02
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL	\$1,347.04	1-Apr-02
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	BR	1-Apr-02
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$86.85	1-Apr-02
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARG	\$1,396.73	1-Apr-02
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR	\$111.73	1-Apr-02
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (T	\$148.74	1-Apr-02
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE	\$189.22	1-Apr-02
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	\$210.61	1-Apr-02
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, O	\$143.80	1-Apr-02
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS,	\$212.42	1-Apr-02
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPL	\$308.66	1-Apr-02
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY T	\$67.43	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$82.25	1-Apr-02
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENT	\$120.85	1-Apr-02
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL S	\$195.02	1-Apr-02
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAM	\$117.25	1-Apr-02
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$137.53	1-Apr-02
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	BR	1-Apr-02
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$70.36	1-Apr-02
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$70.36	1-Apr-02
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$70.36	1-Apr-02
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$70.36	1-Apr-02
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$82.73	1-Apr-02
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$82.73	1-Apr-02
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$82.73	1-Apr-02
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$82.73	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$92.13	1-Apr-02
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$92.13	1-Apr-02
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$92.13	1-Apr-02
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$92.13	1-Apr-02
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$23.70	1-Apr-02
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARR	\$573.35	1-Apr-02
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$175.68	1-Apr-02
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE O	\$100.63	1-Apr-02
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COUR	\$455.97	1-Apr-02
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$552.24	1-Apr-02
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	BR	1-Apr-02
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	BR	1-Apr-02
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	BR	1-Apr-02
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	BR	1-Apr-02
77525	PROTON TREATMENT DELIVERY; COMPLEX	BR	1-Apr-02
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$205.09	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 C	\$275.15	1-Apr-02
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICA	\$204.65	1-Apr-02
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLIC	\$273.39	1-Apr-02
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$204.95	1-Apr-02
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$315.83	1-Apr-02
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$302.31	1-Apr-02
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$450.59	1-Apr-02
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$638.68	1-Apr-02
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	\$326.90	1-Apr-02
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$570.92	1-Apr-02
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$805.04	1-Apr-02
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHET	\$888.26	1-Apr-02
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHET	\$933.08	1-Apr-02
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHE	\$999.22	1-Apr-02
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CA	\$1,100.28	1-Apr-02
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$77.99	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$76.51	1-Apr-02
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	BR	1-Apr-02
78000	THYROID UPTAKE; SINGLE DETERMINATION	\$49.03	1-Apr-02
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$65.94	1-Apr-02
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPT	\$56.22	1-Apr-02
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$120.96	1-Apr-02
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$129.25	1-Apr-02
78010	THYROID IMAGING; ONLY	\$93.53	1-Apr-02
78011	THYROID IMAGING; WITH VASCULAR FLOW	\$120.19	1-Apr-02
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$138.76	1-Apr-02
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOV	\$182.34	1-Apr-02
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$260.93	1-Apr-02
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	\$86.05	1-Apr-02
78070	PARATHYROID IMAGING	\$115.54	1-Apr-02
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$254.13	1-Apr-02
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78102	BONE MARROW IMAGING; LIMITED AREA	\$111.24	1-Apr-02
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$165.81	1-Apr-02
78104	BONE MARROW IMAGING; WHOLE BODY	\$203.79	1-Apr-02
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE	\$48.66	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULT	\$114.05	1-Apr-02
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$81.78	1-Apr-02
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$131.66	1-Apr-02
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUM	\$205.84	1-Apr-02
78130	RED CELL SURVIVAL STUDY;	\$145.81	1-Apr-02
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, EG, SPLENIC AND/OR	\$226.63	1-Apr-02
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, EG, SPLENIC AND/OR HE	\$188.29	1-Apr-02
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	\$163.77	1-Apr-02
78162	RADIOIRON ORAL ABSORPTION	\$150.54	1-Apr-02
78170	RADIOIRON RED CELL UTILIZATION	\$231.88	1-Apr-02
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	\$28.00	1-Apr-02
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$115.30	1-Apr-02
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$284.50	1-Apr-02
78191	PLATELET SURVIVAL STUDY	\$321.65	1-Apr-02
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$223.61	1-Apr-02
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	BR	1-Apr-02
78201	LIVER IMAGING; STATIC ONLY	\$117.20	1-Apr-02
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$141.19	1-Apr-02
78205	LIVER IMAGING (SPECT)	\$271.40	1-Apr-02
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$274.24	1-Apr-02
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$142.29	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$168.29	1-Apr-02
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$173.52	1-Apr-02
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHAR	\$190.32	1-Apr-02
78230	SALIVARY GLAND IMAGING;	\$110.86	1-Apr-02
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$153.64	1-Apr-02
78232	SALIVARY GLAND FUNCTION STUDY	\$165.17	1-Apr-02
78258	ESOPHAGEAL MOTILITY	\$153.73	1-Apr-02
78261	GASTRIC MUCOSA IMAGING	\$199.61	1-Apr-02
78262	GASTROESOPHAGEAL REFLUX STUDY	\$204.82	1-Apr-02
78264	GASTRIC EMPTYING STUDY	\$204.89	1-Apr-02
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$10.86	1-Apr-02
78268	UREA BREATH TEST, C-14; ANALYSIS	\$93.09	1-Apr-02
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$72.74	1-Apr-02
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$76.10	1-Apr-02
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$106.56	1-Apr-02
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$245.60	1-Apr-02
78282	GASTROINTESTINAL PROTEIN LOSS	\$19.61	1-Apr-02
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZATION, VOLVULUS)	\$157.11	1-Apr-02
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$168.89	1-Apr-02
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$132.38	1-Apr-02
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$189.50	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$215.09	1-Apr-02
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$243.76	1-Apr-02
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$289.24	1-Apr-02
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSO	\$42.27	1-Apr-02
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$24.02	1-Apr-02
78428	CARDIAC SHUNT DETECTION	\$133.18	1-Apr-02
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$100.32	1-Apr-02
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	\$196.58	1-Apr-02
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$211.86	1-Apr-02
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$147.04	1-Apr-02
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$207.15	1-Apr-02
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	BR	1-Apr-02
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY AT REST OR STRESS (EXERCISE	\$140.32	1-Apr-02
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE	\$253.67	1-Apr-02
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRES	\$337.73	1-Apr-02
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND	\$544.19	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$141.76	1-Apr-02
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS T	\$187.99	1-Apr-02
78469	MYOCARDIAL IMAGING, TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$255.69	1-Apr-02
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR S	\$271.23	1-Apr-02
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STU	\$404.74	1-Apr-02
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (\$96.24	1-Apr-02
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION T	\$96.24	1-Apr-02
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE STUDY AT REST OR WITH	\$259.83	1-Apr-02
78483	CARDIAC BLOOD POOL IMAGING, MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE)	\$390.50	1-Apr-02
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	BR	1-Apr-02
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUD	BR	1-Apr-02
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY	\$336.28	1-Apr-02
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT	\$299.84	1-Apr-02
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02

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PROC	DESCRIPTION	RATE2002	EFFDATE
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	\$175.94	1-Apr-02
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$179.85	1-Apr-02
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASH	\$281.07	1-Apr-02
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$124.32	1-Apr-02
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POST	\$137.44	1-Apr-02
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMABING, AEROSOL, ONE	\$183.79	1-Apr-02
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$134.02	1-Apr-02
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WIT	\$163.01	1-Apr-02
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WIT	\$224.62	1-Apr-02
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$347.25	1-Apr-02
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$137.41	1-Apr-02
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$162.28	1-Apr-02
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$163.41	1-Apr-02
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$187.19	1-Apr-02
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$325.08	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	BR	1-Apr-02
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	BR	1-Apr-02
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$79.15	1-Apr-02
78615	CEREBRAL VASCULAR FLOW	\$174.66	1-Apr-02
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CIST	\$235.68	1-Apr-02
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENT	\$134.55	1-Apr-02
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUN	\$166.43	1-Apr-02
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMO	\$281.61	1-Apr-02
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$216.03	1-Apr-02
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$112.35	1-Apr-02
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78700	KIDNEY IMAGING; STATIC ONLY	\$144.57	1-Apr-02
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$167.11	1-Apr-02
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$196.22	1-Apr-02
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOG	\$228.29	1-Apr-02
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGIC	\$240.84	1-Apr-02
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHO	\$250.75	1-Apr-02
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$268.38	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
78715	KIDNEY VASCULAR FLOW ONLY	\$79.53	1-Apr-02
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$91.22	1-Apr-02
78730	URINARY BLADDER RESIDUAL STUDY	\$77.71	1-Apr-02
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$114.24	1-Apr-02
78760	TESTICULAR IMAGING;	\$141.74	1-Apr-02
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$165.04	1-Apr-02
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	\$170.29	1-Apr-02
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$209.38	1-Apr-02
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$265.10	1-Apr-02
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)	\$317.45	1-Apr-02
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$174.07	1-Apr-02
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$300.06	1-Apr-02
78807	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPECT)	\$317.83	1-Apr-02
78810	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	BR	1-Apr-02
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AN	\$48.13	1-Apr-02
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AN	\$98.00	1-Apr-02
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	1-Apr-02
79000	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF P	\$201.40	1-Apr-02

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79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	\$108.49	1-Apr-02
79020	RADIOPHARMACEUTICAL THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), IN	\$201.41	1-Apr-02
79030	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA	\$217.72	1-Apr-02
79035	RADIOPHARMACEUTICAL THERAPY FOR METASTASES OF THYROID CARCINOMA	\$240.85	1-Apr-02
79100	RADIOPHARMACEUTICAL THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	\$175.55	1-Apr-02
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$212.35	1-Apr-02
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	\$83.30	1-Apr-02
79400	RADIOPHARMACEUTICAL THERAPY, NONTHYROID, NONHEMATOLOGIC	\$210.53	1-Apr-02
79420	INTRAVASCULAR RADIOPHARMACEUTICAL THERAPY, PARTICULATE	\$78.95	1-Apr-02
79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	\$213.91	1-Apr-02
79900	PROVISION OF THERAPEUTIC RADIOPHARMACEUTICAL(S)	BR	1-Apr-02
79999	UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE	BR	1-Apr-02
A9500	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	\$115.90	1-Apr-02
A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M TETROF	\$136.80	1-Apr-02
A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRO	\$38.38	1-Apr-02
A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITI	\$475.00	1-Apr-02
A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	\$28.50	1-Apr-02



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A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131	BR	1-Apr-02
A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DISOFEN	BR	1-Apr-02
A9511	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, DEPRE	BR	1-Apr-02
A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	\$963.42	1-Apr-02
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	BR	1-Apr-02
G0030	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); SINGLE	\$1,973.10	1-Apr-02
G0031	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); MULTIPL	\$2,519.50	1-Apr-02
G0032	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); SINGLE STUDY, R	\$1,983.82	1-Apr-02
G0033	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); MULTIPLE STUDIE	\$2,519.50	1-Apr-02
G0034	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); SINGLE STUDY,	\$1,983.82	1-Apr-02
G0035	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); MULTIPLE STUD	\$2,519.50	1-Apr-02
G0036	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510- 93529);	\$1,973.10	1-Apr-02
G0037	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510- 93529);	\$2,519.50	1-Apr-02



ARIZONA HEALTH CARE

COST CONTAINMENT SYSTEM

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Rate Codes - Radiology

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Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2002	EFFDATE
G0038	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION,	\$1,973.10	1-Apr-02
G0039	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION,	\$2,530.23	1-Apr-02
G0040	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); SING	\$1,973.10	1-Apr-02
G0041	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); MULT	\$2,508.78	1-Apr-02
G0042	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 7848	\$1,973.10	1-Apr-02
G0043	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 7848	\$2,519.50	1-Apr-02
G0044	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); SINGLE STUDY, RES	\$1,973.10	1-Apr-02
G0045	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); MULTIPLE STUDIES,	\$2,519.50	1-Apr-02
G0046	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015; SINGLE STUDY, RE	\$1,973.10	1-Apr-02
G0047	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); MULTIPLE STUDIE	\$2,519.50	1-Apr-02
G0050	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	\$33.84	1-Apr-02
G0125	PET IMAGING REGIONAL OR WHOLE BODY; SINGLE PULMONARY NODULE; FULL- AND PARTIAL-R	\$2,238.03	1-Apr-02
G0130	SINGLE ENERGY X-RAY (SEXA) ABSORPTIOMETRY BONE DENSITY STUDYONE OR MORE SITES	\$44.14	1-Apr-02




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PROC	DESCRIPTION	RATE2002	EFFDATE
G0131	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDAY, ONE OR MORE SITES, AXIAL SK	\$134.29	1-Apr-02
G0132	COMPUTERIZED TOMOGRAPHY BONE MATERIAL DENSITY STUDY, ONE OR MORE SITES APPENDICU	\$44.14	1-Apr-02
G0210	PET IMAGING WHOLE BODY; DIAGNOSIS; LUNG CANCER, NON-SMALL CELL	\$2,045.29	1-Apr-02
G0211	PET IMAGING WHOLE BODY; INITIAL STAGING; LUNG CA; NON-SMALL CELL	\$2,045.29	1-Apr-02
G0212	PET IMAGING WHOLE BODY; RESTAGING; LUNG CANCER; NON-SMALL CELL	\$2,045.29	1-Apr-02
G0213	PET IMAGING WHOLE BODY; DIAGNOSIS; COLORECTAL CANCER	\$2,045.29	1-Apr-02
G0214	PET IMAGING WHOLE BODY; INITIAL STAGING; COLORECTAL CANCER	\$2,045.29	1-Apr-02
G0215	PET IMAGING WHOLE BODY; RESTAGING; COLORECTAL CANCER	\$2,045.29	1-Apr-02
G0216	PET IMAGING WHOLE BODY; DIAGNOSIS; MELANOMA	\$2,045.29	1-Apr-02
G0217	PET IMAGING WHOLEBODY; INITIAL STAGING; MELANOMA	\$2,045.29	1-Apr-02
G0218	PET IMAGING WHOLE BODY; RESTAGING; MELANOMA	\$2,045.29	1-Apr-02
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	\$2,045.29	1-Oct-02
G0220	PET IMAGING WHOLE BODY; DIAGNOSIS; LYMPHOMA	\$2,045.29	1-Apr-02
G0221	PET IMAGING WHOLE BODY; INITIAL STAGING; LYMPHOMA	\$2,045.29	1-Apr-02
G0222	PET IMAGING WHOLE BODY; RESTAGING; LYMPHOMA	\$2,045.29	1-Apr-02
G0223	PET IMA WHOLE BODY OR REGIONAL; DX; HEAD AND NECK CA; EXCLUDTHYROID AND CNS SCAN	\$2,045.29	1-Apr-02
G0224	PET IMAGING WHOLE BODY OR REGIONAL;INIT STAGING;HEAD NECK CA,EXCLUDING THYROID	\$2,045.29	1-Apr-02



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PROC	DESCRIPTION	RATE2002	EFFDATE
G0225	PET IMAGING WHOLE BODY OR REGIONAL;RESTAGING;HEAD & NECK CA EXCLUD THYROID & CNS	\$2,045.29	1-Apr-02
G0226	PET IMAGING WHOLE BODY;DIAGNOSIS;ESOPHAGEAL CANCER	\$2,045.29	1-Apr-02
G0227	PET IMAGING WHOLE BODY;INITIAL STAGING; ESOPHAGEAL CANCER	\$2,045.29	1-Apr-02
G0228	PET IMAGING WHOLE BODY; RESTAGING; ESOPHAGEAL CANCER	\$2,045.29	1-Apr-02
G0229	PET IMAGING; METABOLIC BRAIN IMAGING FOR PRE-SURGICAL EVALUATION OF REFRACTORY	\$2,045.29	1-Apr-02
G0230	PET IMAGING;METABOLIC ASSESSMENT FOR MYOCARDIAL VIABILITY FOLLOWING INCONCLUSIVE	\$2,045.29	1-Apr-02
G0231	PET, WHOLE BODY, FOR RECURRENCE OF COLORECTAL OR COLORECTAL METASTATIC CANCER; G	\$2,045.29	1-Apr-02
G0232	PET, WHOLE BODY, FOR STAGING AND CHARACTERIZATION OF LYMPHOMA; GAMMA CAMERAS ONL	\$2,045.29	1-Apr-02
G0233	PET, WHOLE BODY, FOR RECURRENCE OF MELANOMA OR MELANOMA METASTATIC CANCER; GAMMA	\$2,045.29	1-Apr-02
G0234	PET, REGIONAL OR WHOLE BODY, FOR SOLITARY PULMONARY NODULE FOLLOWING CT OR FOR I	\$2,045.29	1-Apr-02
G0253	PET IMAGE BREAST DETECTION RECUR	\$2,045.29	1-Oct-02
G0254	PET IMAGE BREAST EVUALATION TO TREATMENT	\$2,045.29	1-Oct-02
Q0035	CARDIOKHYMOGRAPHY	\$25.69	1-Apr-02
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$12.38	1-Apr-02
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	\$103.08	1-Apr-02
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	BR	1-Apr-02
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION. PER PATIENT	BR	1-Apr-02